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EXHIBITION REVIEW

Can graphic design save your life? Wellcome Collection, London, 7 September 2017–14 January 2018

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ABSTRACT
A review of the recent exhibition 'Can graphic design save your life?', curated by graphic designer Lucienne Roberts and design educator Rebecca Wright at the Wellcome Collection.

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Can graphic design save your life? reflects talent, creativity and innovation in relation to a topic that is relevant to all. It offers a broad interpretation of graphic design across a variety of material forms: comics, stamps, schoolbooks, tins, signage, posters and graphic novels. And there is a dynamic presence afforded by film and by audio. For those who do not know what graphic design covers, it will be a revelation – and it reminds us that graphic design, and in this context in relation to health, encompasses typeface design, environmental design, information design, user-centred design, illustration, book design, branding, film and TV, and poster design. The curators, Lucie Roberts and Rebecca Wright, have created a display that at once makes graphic design accessible to a wide audience, while also presenting exhibits that will delight those knowledgeable in design history, especially that of the twentieth century.

The exhibition celebrates the work of internationally-acclaimed designers, and also displays eighteenth- and nineteenth-century items held in archives and collections at Wellcome and beyond (Figure 1). It is organized in six sections: persuasion, education, hospitalisation, medication, contagion and provocation, each of which is represented by document sets and themes, some related to public health campaigns such as those associated with AIDS and stopping smoking. Three are evidently health related: hospitalisation, medication and contagion, and exhibition viewers may have some expectations about the kind of content they might see. The other three sections are concerned with demonstrating what graphic design can do in relation to health (and indeed to other things): it can facilitate education, persuasion and provocation.

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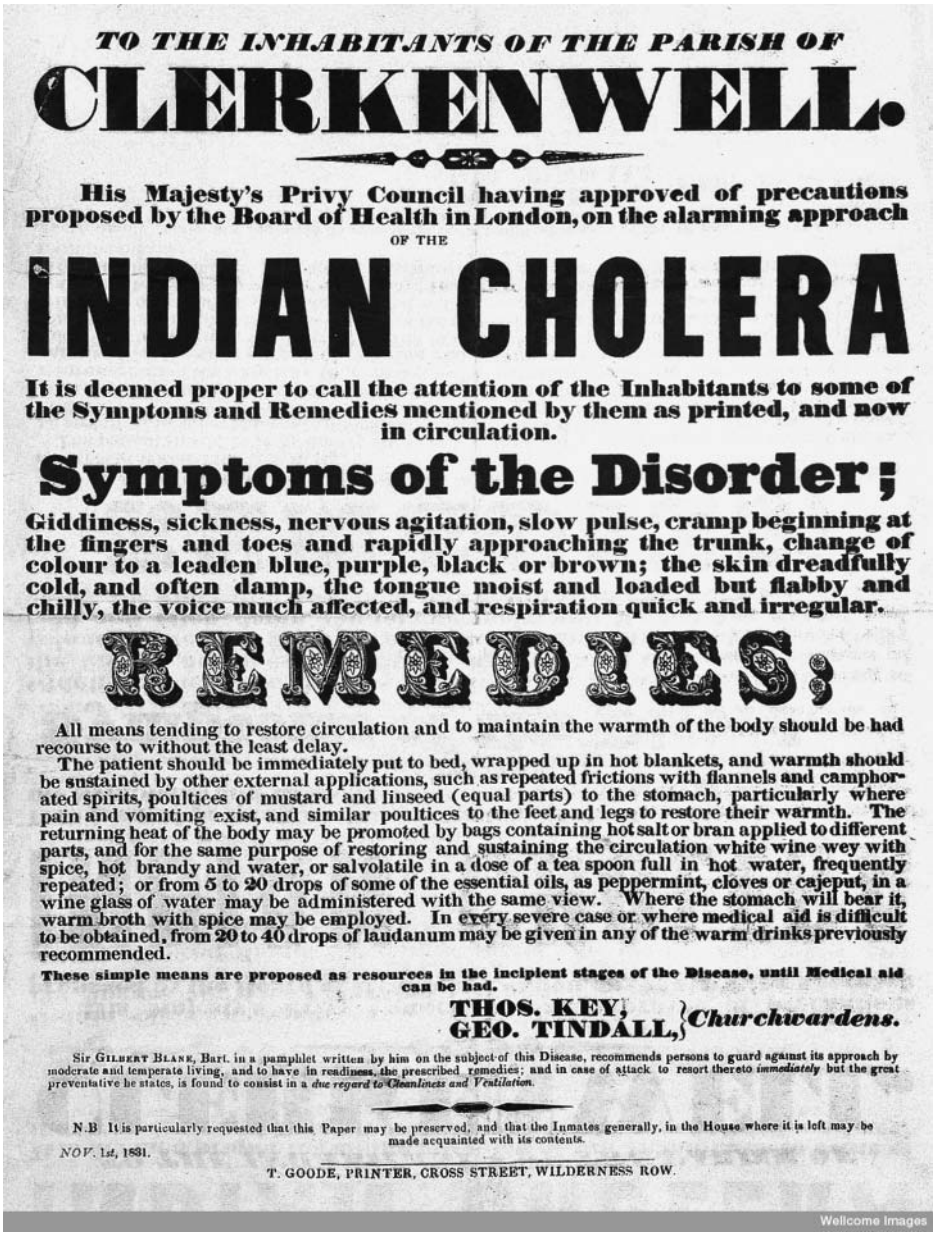

TO THE INHABITANTS OF THE PARISH OF

CLERKENWELL.

His Majesty's Privy Council having approved of precautions proposed by the Board of Health in London, on the alarming approach

OF THE

INDIAN CHOLERA

It is deemed proper to call the attention of the Inhabitants to some of the Symptoms and Remedies mentioned by them as printed, and now in circulation.

Symptoms of the Disorder;

Giddiness, sickness, nervous agitation, slow pulse, cramp beginning at the fingers and toes and rapidly approaching the trunk, change of colour to a leaden blue, purple, black or brown; the skin dreadfully cold, and often damp, the tongue moist and loaded but flabby and chilly, the voice much affected, and respiration quick and irregular.

REMEDIES;

All means tending to restore circulation and to maintain the warmth of the body should be had recourse to without the least delay.

The patient should be immediately put to bed, wrapped up in hot blankets, and warmth should be sustained by other external applications, such as repeated frictions with flannels and camphorated spirits, poultices of mustard and linseed (equal parts) to the stomach, particularly where pain and vomiting exist, and similar poultices to the feet and legs to restore their warmth. The returning heat of the body may be promoted by bags containing hot salt or bran applied to different parts, and for the same purpose of restoring and sustaining the circulation white wine wey with spice, hot brandy and water, or salvolatile in a dose of a tea spoon full in hot water, frequently repeated; or from 5 to 20 drops of some of the essential oils, as peppermint, cloves or cajeput, in a wine glass of water may be administered with the same view. Where the stomach will bear it, warm broth with spice may be employed. In every severe case or where medical aid is difficult to be obtained, from 20 to 40 drops of laudanum may be given in any of the warm drinks previously recommended.

These simple means are proposed as resources in the incipient stages of the Disease, until Medical aid can be had.

THOS. KEY, GEO. TINDALL, } *Churchwardens.*

Sir GILBERT BLANE, Bart. in a pamphlet written by him on the subject of this Disease, recommends persons to guard against its approach by moderate and temperate living, and to have in readiness, the prescribed remedies; and in case of attack to resort thereto *immediately* but the great preventative he states, is found to consist in a *due regard to Cleanliness and Ventilation.*

N.B It is particularly requested that this Paper may be preserved, and that the Inmates generally, in the House where it is left may be made acquainted with its contents.

NOV. 1*st*, 1831.

T. GOODE, PRINTER, CROSS STREET, WILDERNESS ROW.

Figure 1. Broadsheet warning about Indian cholera symptoms and recommending remedies, issued in Clerkenwell, London, 1831. Wellcome Library, London.

Provocation highlights how 'graphic design can be a tool for empowerment and a call to action' (Schrauwen, Roberts, and Wright 2017, 210). This is reinforced by Ken Garland's 'First things first' manifesto, published in 1964, which promoted design for public good and was endorsed by around twenty signatories including Robin Fior and Edward Wright (see Garland 1996, 30). Garland's

manifesto was revised in 2000, this time with over 30 endorsements, further emphasizing the view that design skills should be used for 'worthwhile' outcomes to *provoke* public understanding and engagement. Using design to shock people to action is exemplified by the graphic novel *Lighter than my shadow* by Katie Green, where delicate drawings and handwritten narrative draw the reader into the horror and desperation of her youth affected by eating disorders and sexual abuse. The object has a beauty that belies the messages within, and as the author has noted, in this case graphic design (and her engagement with it) did save her life. An equally strong exhibit is the 2009 'Kill Jill' campaign, where a TV advert invited viewers to save or kill Jill, a child in need of an organ transplant. The campaign was effective with a 242% increase in organ donations over the course of the campaign (Jeffreys 2008).

Of all the sections, hospitalisation has the most striking visual presence not least by the use of a hospital screen-like structure (arranged in an H to stand for Hospitalisation). A highlight here is PearsonLloyd's impressive project showing how user-centred design of the information that people encounter when they visit A&E makes a significant difference to their experience. Elsewhere, Andrew Boag (2017) has used the PearsonLloyd work as an example of how graphic design can add value not only to people's lives but can also result in significant cost savings – in this case related to reduction in patient stress and aggression. Measuring the impact that graphic design can have through numerical measures, such as increases in organ donors or cost savings, is difficult – there is relatively little published evidence, and it is pleasing that this aspect of graphic design is demonstrated in the exhibition. In the case of PearsonLloyds's work, 'graphic design' may not save your life, but it certainly makes a difference to the people concerned at a time of stress and difficulty, and has an impact on the institutions involved.

The section devoted to medication draws attention to the contribution that large pharmaceutical companies have made to graphic design, due to their enormous budgets for design and lavish print production. This has resulted in outstanding work in brand identity design produced for Geigy by Gerstner and Schmidt, with innovative use of colour, visually exciting black-and-white photography and sanserif typefaces – a treat for designers and design historians. Perhaps more relevant to lay people is medicine packaging, not least because it is often part of everyday life. This is represented in the exhibition with examples of bilingual designs for the Israel-based pharmaceutical company Teva and the *Information design for public safety: a guide to the graphic design of medication packaging report* (2007). These are well-chosen examples, and certainly show how graphic design can enhance the user experience by making information clear and accessible. A design challenge that is not explicitly presented in this section but which has been the focus of much research are the leaflets inserted into medicine packets that explain dosage and the risks associated with the medicine. This kind of design – one that has to take account of EU legislation

and more – is one of the often-hidden contributions to health that graphic design makes. Thanks to the work of, for example, Karel van de Waarde in the Netherlands and Carla Spinillo in Brazil, this form of health communication is now receiving sustained attention from design researchers (see van der Waarde 2006; Spinillo and van der Waarde 2013).

The Geigy exhibits draw attention to the fact that some forms of health communication attract large budgets. In the UK, however, much health communication today is constrained by cost and corporate identity (such as that of the National Health Service). In such cases, designers' work is less 'showy' and distinctive but none the less important to the experience of its users. A graphically non-descript yet clear leaflet that explains breast cancer treatment would be unlikely to appear in an exhibition that celebrates graphic design, and yet can make a real difference. In this kind of design scenario, graphic designers make templates and provide guidance for the making of documents often by health administrators – lay graphic design is widespread in health communication.

Contagion can immediately be associated with thoughts of health communication, and is represented by some of the strongest graphic design in the exhibition. Leprosy, VD, AIDS, malaria and Ebola are all included as prompts for striking graphic design demonstrating its awareness-raising function. Marie Neurath's poster-leaflets, made to disseminate information about leprosy in the Western Region of Nigeria, use Isotype principles to clearly communicate. The dual function of leaflet and poster was innovative and indicative of her understanding of the ways in which people may use the material (Kindel 2013). The exhibition includes examples of Neurath's preparatory materials showing different versions of text and image made in response to discussions with medical professionals. The inclusion of such preparatory materials provides a welcome glimpse into the process of designing – an activity that is often overlooked, especially in exhibitions. The awareness-raising malaria poster designed by Abram Games is one of the highlights of this section of the exhibition and draws attention to the effective role of graphic design in public information more generally (Figure 2). The impact of the 'Don't die of ignorance' AIDS campaign in the UK retains a front-row place in many people's memories. And the Zika poster designed by NBS in Brazil brings technical innovation to graphic design that is both unusual and inspirational. The posters emit a solution that attracts mosquitoes, which then die remaining attached to the posters (Schrauwen, Roberts, and Wright 2017, 206). Particularly pleasing – in the sense of design for public good – is that the designers have made the technology used to make the posters available free under a Creative Commons licence.

Using graphic design to persuade is explained through a number of anti-smoking campaigns, notably Binman Mullick's CLEANAIR Campaign for a smoke-free environment – a long-standing activist/grassroots approach to visual communication that began in the 1970s and continues (Figure 3). The inclusion of cigarette packaging from different countries – and the opportunity that non-

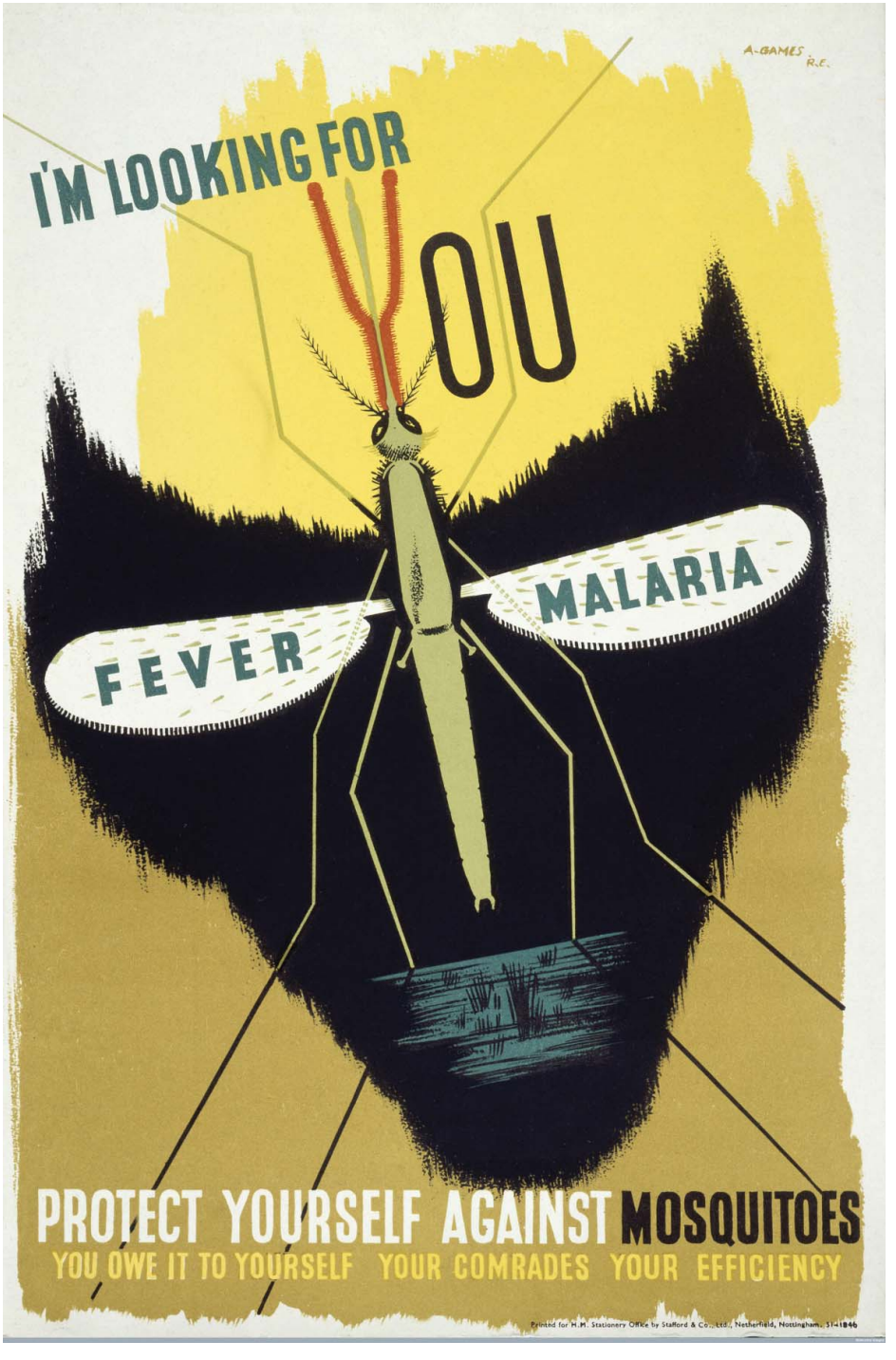

Figure 2. Anti-malaria poster by Abram Games, 1941. Copyright Estate of Abram Games.

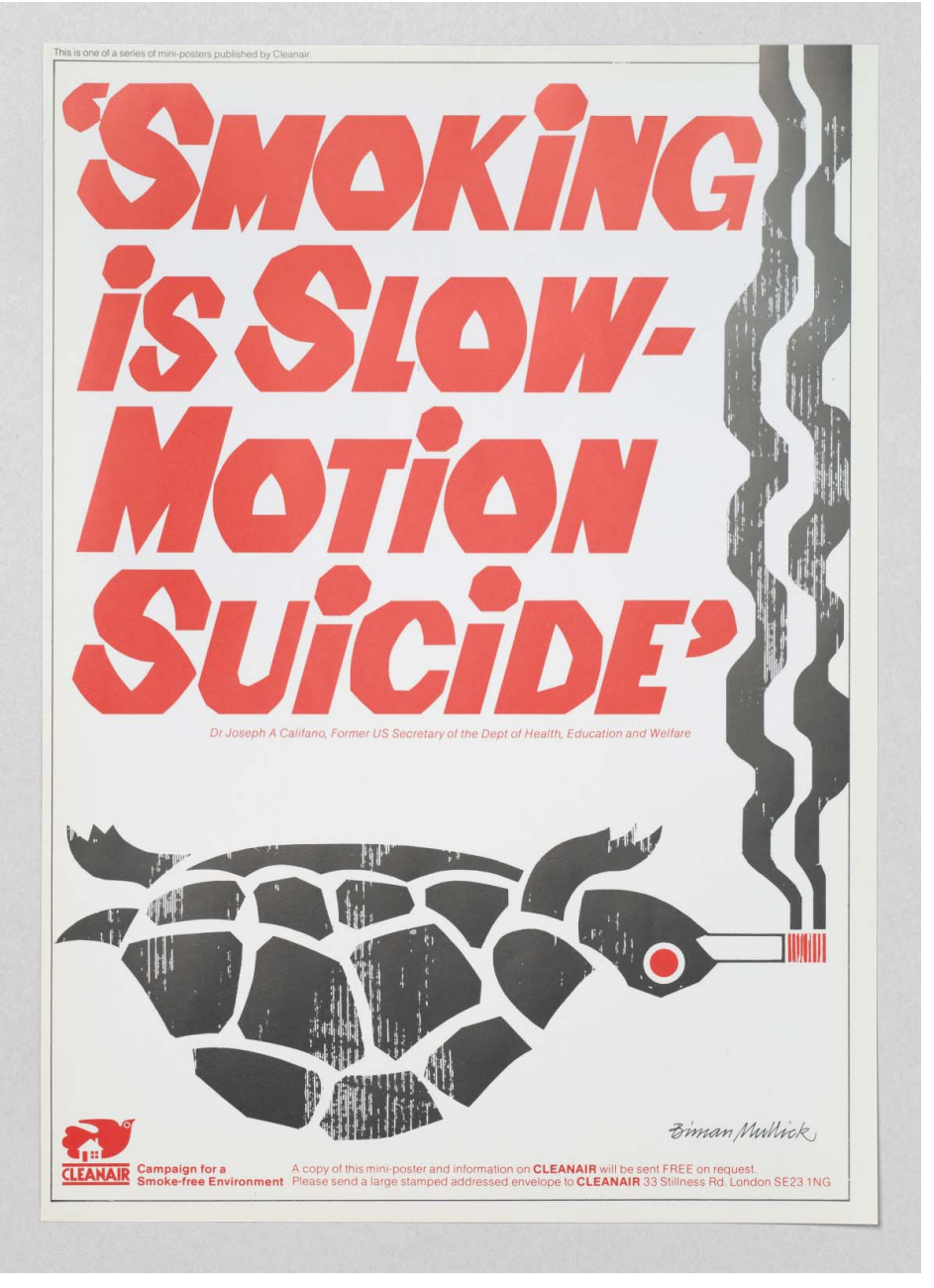

Figure 3. Smoking is slow motion suicide. Binman Mullick, Cleanair, 1972.

branded packets offered designers – is one of the most interesting sections of the exhibition in that it shows the impact of design within a small space. The inclusion of anti-smoking postage stamps reinforces the power of the small area message (Figure 4). Indeed, scale is used well as a design element throughout the exhibition: arrays of actual size anti-smoking stamps in cases are

Figure 4. A collection of anti-smoking postage stamps, various countries around the world.

complemented by enlarged versions on the wall. Extra-large Ebola and AIDS campaign materials and the tiger that is part of the children's ward signage in Hospital Sant Joan de Déu, Barcelona (Figure 5) help to engage the viewer and the very large letters on the wall (the title of the exhibition) make interesting shapes, clearly not intended to be read as a whole.

Included in the Education section are materials for use in schools and colleges, such as the comics for secondary school children designed by Gillian

Figure 5. Tiger, Hospital Sant Joan de Déu, Barcelona. © Rubio Arauna Studio, Rai Pinto Studio. Picture by Victòria Gil.

Crampton Smith in the 1970s as a response to an increase in teenage pregnancy, or the anatomy colouring books used by medical and nursing students to learn about the structure of the human body. Explanations of the working of the human body, such as dissection guides, show how material attributes of printed books – pop-up, flaps and layers – are used to engage readers.

Importantly, the exhibition raises the profile of 'visual thinking' in the solution of design problems, suggesting that graphic design offers much more than visual styling (Walker 2017). It is first and foremost an exhibition about design practice, although there is some evidence of research-informed graphic design, especially in those pieces that take account of discussion and dialogue with users (such as Marie Neurath's work or Kinneir-Calvert's typeface design). In health communication, graphic design has an impressive and powerful history, and distinguished and talented designers want to contribute in this field. Their work is rightly showcased in this exhibition, but an equally welcome contribution is the work of student designers, such as Yin Yao's final year project at the London College of Communication that explored ways of visualizing pain.

The design of the exhibition itself is compelling and accessible, though I had to be told that the spaces and organization of the display cases had been configured in the form of the initial letter of the section title: H for Hospitalisation; E for Education and so on. The captions are rather difficult to read as a result of there being not enough space between the lines. The exhibition is partnered by an illustrated book of the same name, and that is the latest in the GD& series of books that explore connections between graphic design and other subjects.

While not an exhibition catalogue, it is closely aligned and will ensure the legacy of the verbal and graphic messages conveyed in the exhibition. In summary, this exhibition shows how graphic designers have contributed to making a difference to people's lives through their work, that this work has a history and that it is facilitated by different forms and media. It raises the profile of graphic design and its significant contribution to health.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Sue Walker is professor of typography and a former head of the Department of Typography & Graphic Communication and dean of the Faculty of Arts and Humanities at the University of Reading. She is a fellow of the Design Research Society and was a member of the art and design sub-panel for the Research Assessment Exercise (RAE) 2008 and Research Excellence Framework (REF) 2014, the UK's research quality assessment exercises. Her research interests are in the relationship between typography and language, and in information design history, theory and practice. With Eric Kindel she was co-investigator on the 'Isotpye revisited' project, working on graphic explanation for children based on a study of the children's books produced by Marie Neurath in the 1940s and 1950s. She is currently leading a UK Arts & Humanities Research Council (AHRC)-funded project on communicating information about antimicrobial resistance in community pharmacies.

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